

## Referral Criteria for: Psychiatric Genetic Counseling Services

<b>Referral Criteria</b>	
What are the age criteria?	This service is for all ages
What are the gender criteria?	This service is for both men and women
Who can refer?	Any Health Care Provider can refer patients
Is there a form that needs to be filled out?	The Psychiatric Genetic Counselling Referral form needs to be filled out.
How do you submit this form?	Please fax completed Psychiatric Genetic Counselling Referral forms to 604-875-2825
If there is no form that needs to be filled out, then who does the referrer need to contact?	n/a
The full address of where service is offered.	Department of Medical Genetics C234 – 4500 Oak Street Vancouver, BC V6H 3N1
Description of target audience.	This service is for anyone with a personal or family history of mental illness
Who is the service <b>not</b> appropriate for?	n/a
Before or after care restrictions or considerations.	There are no restrictions
Is there anything else you need to know about the referral process?	No

